

**PERIODICALS ACCURACY GRADING AND EVALUATION
DEVELOPER'S APPLICATION**



To avoid delays in processing, complete this form in its entirety.

Attention Name		
Firm/Customer Name		
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #		Apt/Suite #
City	State	ZIP+4 Code
Program Contact		Area Code & Phone Number
Technical Contact		Area Code & Phone Number
E-mail Address		Fax Number

After successful completion of testing, your software product will be listed in the PAGE Certified Developers List. Please provide the following information for inclusion in this list:

Sales/Marketing Contact (For retail developers only)		Program Contact (For proprietary developers only)	
Firm/Customer Name			
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #			Apt/Suite #
City	State	ZIP+4	
Area Code & Phone Number	E-mail Address	Web Address (URL)	

Product Information

Developer Type: <input type="checkbox"/> A – Retail Developer <input type="checkbox"/> B – Proprietary Developer PAGE Testing Fees: <input type="checkbox"/> \$1,000 – Analysis conducted at NCSC site <input type="checkbox"/> \$2,500 – Analysis conducted at Developers's site Product Price Range: <input type="checkbox"/> A – Under \$500 <input type="checkbox"/> B – \$500 through \$999 <input type="checkbox"/> C – \$1,000 through \$4,999 <input type="checkbox"/> D – \$5,000 and over <input type="checkbox"/> N/A – Not Applicable	Publication and print planning software Product Name		Version Number:
	List ALL hardware and software combinations for this product and version. Attach additional sheet if necessary.		
	Hardware: _____	Software: _____	
	Hardware: _____	Software: _____	
	Hardware: _____	Software: _____	
	Hardware: _____	Software: _____	
If this product/publication and print planning software engine is marketed under any other name, identify the product and version number.			
If this product/publication and print planning software engine is licensed to another company, what are the company and product names?			

PAYMENT METHOD	
Make check or money order payable to "United States Postal Service."	
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<input type="checkbox"/> American Express	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Express Mail	<div></div>
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Card expiration date: ____ / ____	
Authorized Personnel (please print)	
Signature	
<i>The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.</i>	

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